FALL/WINTER CLASS REGISTRATION FORM

Please Use this form for classes and show tickets. Please use bus form for bus trips.

PLEASE PRINT ALL INFORMATION, SIGNATURE REQUIRED BELOW THIS FORM MAY BE DUPLICATED

NOTE: Bus Trips have their own form. If not in booklet, please call 978-264-9608 or visit: www.acton-ma.gov

1. Participant Name:	Δαe:	Program # Session# Grade (Fall 08): Class Fee: \$
2. Participant Name:	A	Program # Session#
Program Name:	Age:	Grade (Fall 08): Class Fee: \$
3. Participant Name:		Program # Session#
Program Name:	Age:	Grade (Fall 08): Class Fee: \$
		CLASS FEE TOTAL: \$
If any participant(s) is under age 18 for an	v class please PRII	INT parent Name:
Address:	_	_
Address	10wn	zıp
Email:		
note: email addresses will not be distributed-they are for class	ss notifications and recrea	eation updates)
Talanhana (list in anden)		
Telephone: (list in order)	(2)	
(1)(2)	(3)	
withdrawal and refund. It will take two-three weeks for the refexception to policy: a written letter from a licensed physician exparticipant in a program due to inappropriate behavior. No refuorograms and trips have separate refund policies and will be	und to be processed. Ref excusing participant from a p unds will be given for any p e duly noted in description	
email for Recreation Dept. run programs will be made if a clas Department are responsible to notify participants of class cancel	s is cancelled due to poor lations. Efforts will be made	s have closed or have early dismissal due to weather. Notification vior weather or field conditions. Programs run outside of the Recreation de to make-up weather cancelled classes, but are not guaranteed. And is will not be offered due to a participant's inability to partake in misse
Signature of Parent/Guardian or Class (Must be signed to participate) The Recreation Department accepts cash, check, r	•	<u>c</u>
NOTE TO STAFE.		
NOTE TO STAFF: SPECIAL ACCOMMODATIONS In order	to onhonos montinim	inotion places identify any appoint accommodation
SPECIAL ACCOMMODATIONS-In order needed:	to ennance particip	ipation, please identify any special accommodation
	ı. Credit card transa	actions must be completed at the Recreation Dept.
		er is added to credit card transactions.
		egistrations with payment to:
Town of Acton Recre	eation Department, 47	472 Main Street, Acton, MA 01720
Phone	: (978) 264-9608 F	Fax: (978) 264-9630

For Office Use: Received by: _____ Date: _____ Check #____ Cash MasterCard VISA Amount \$_____

www.acton-ma.gov